

See "Instructions for Filling out the Work Permit" contained in the Work Planning and Control for Experiments and Operations Subject Area.

1. Work request WCC fills out this section.

☐ Standing Work Permit

Requester: Don Lynch	Date: 05/14/2012	Ext.: 2253	Dept/Div/Group: PO/PHENIX
Other Contact person (if different from requester): Carter Biggs			Ext.: 7515
Work Control Coordinator: Don Lynch		Start Date: 05/15/12	Est. End Date: 05/22/12
Brief Description of Work: Repair Broken Wires in DC West			
Building: 1008	Room: IR	Equipment: DC West	Service Provider: PHENIX DC Experts & PHENIX Technicians

2. WCC, Requester/Designee, Service Provider, and ESS&H (as necessary) fill out this section or attach analysis

ESS&H ANALYSIS			
Radiation Concerns	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Activation	<input type="checkbox"/> Airborne
	<input type="checkbox"/> Contamination	<input type="checkbox"/> Radiation	<input type="checkbox"/> NORM
	<input type="checkbox"/> Other		
<input type="checkbox"/> Special nuclear materials involved, notify Isotope Special Materials Group			
<input type="checkbox"/> Fissionable/Radiological materials involved, notify Laboratory Nuclear Safety Officer			
Radiation Generating Devices:	<input type="checkbox"/> Radiography	<input type="checkbox"/> Moisture Density Gauges	<input type="checkbox"/> Soil Density Gauges
	<input type="checkbox"/> X-ray Equipment		
Safety and Security Concerns	<input type="checkbox"/> None	<input type="checkbox"/> Explosives	<input type="checkbox"/> Transport of Haz/Rad Material
	<input type="checkbox"/> Pressurized Systems		
<input type="checkbox"/> Adding/Removing Walls or Roofs	<input type="checkbox"/> Critical Lift	<input type="checkbox"/> Fumes/Mist/Dust*	<input type="checkbox"/> Magnetic Fields*
<input type="checkbox"/> Asbestos*	<input type="checkbox"/> Cryogenic	<input type="checkbox"/> Heat/Cold Stress	<input type="checkbox"/> Nanomaterials/particles*
<input type="checkbox"/> Beryllium*	<input type="checkbox"/> Electrical	<input type="checkbox"/> Hydraulic	<input type="checkbox"/> Noise*
<input type="checkbox"/> Biohazard*	<input checked="" type="checkbox"/> Elevated Work	<input type="checkbox"/> Lasers*	<input type="checkbox"/> Non-ionizing Radiation*
<input type="checkbox"/> Chemicals/Corrosives*	<input type="checkbox"/> Excavation	<input type="checkbox"/> Lead*	<input type="checkbox"/> Oxygen Deficiency*
<input type="checkbox"/> Confined Space*	<input type="checkbox"/> Ergonomics*	<input type="checkbox"/> Material Handling	<input type="checkbox"/> Penetrating Fire Walls
	<input type="checkbox"/> Vacuum		
* Safety Health Rep. Review Required	<input type="checkbox"/> Haz, Rad, Bio Material Exceed DOE 151.1-C Levels - Contact OEM		<input checked="" type="checkbox"/> Other Purge Flammable Gas Prior to repair
Environmental Concerns			
<input type="checkbox"/> Atmospheric Discharges (rad/non-rad)	<input checked="" type="checkbox"/> None	<input type="checkbox"/> Work impacts Environmental Permit No.	
<input type="checkbox"/> Chemical or Rad Material Storage or Use	<input type="checkbox"/> Land Use Institutional Controls	<input type="checkbox"/> Soil Activation/contamination	<input type="checkbox"/> Waste-Mixed
<input type="checkbox"/> Cesspools (UIC)	<input type="checkbox"/> Liquid Discharges	<input type="checkbox"/> Waste-Clean	<input type="checkbox"/> Waste-Radioactive
<input type="checkbox"/> High water/power consumption	<input type="checkbox"/> Oil/PCB Management	<input type="checkbox"/> Waste-Hazardous	<input type="checkbox"/> Waste-Regulated Medical
	<input type="checkbox"/> Spill potential	<input type="checkbox"/> Waste-Industrial	<input type="checkbox"/> Underground Duct/Piping
Waste disposition by:	<input type="checkbox"/> Other		
Pollution Prevention (P2)/Waste Minimization Opportunity:	<input checked="" type="checkbox"/> No <input type="checkbox"/> Yes		
FACILITY CONCERNS			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Intermittent Energy Release		
<input type="checkbox"/> Access/Egress Limitations	<input type="checkbox"/> Electrical Noise	<input type="checkbox"/> Potential to Cause a False Alarm	<input type="checkbox"/> Vibrations
	<input type="checkbox"/> Impacts Facility Use Agreement	<input type="checkbox"/> Temperature Change	<input type="checkbox"/> Other
<input type="checkbox"/> Configuration Management	<input type="checkbox"/> Maintenance Work on Ventilation Systems	<input type="checkbox"/> Utility Interruptions	
WORK CONTROLS			
Work Practices			
<input type="checkbox"/> None	<input type="checkbox"/> Exhaust Ventilation	<input checked="" type="checkbox"/> Lockout/Tagout	<input type="checkbox"/> Spill Containment
	<input type="checkbox"/> Security (see Instruction Sheet)		
<input checked="" type="checkbox"/> Back-up Person/Watch	<input type="checkbox"/> HP Coverage	<input type="checkbox"/> Posting/Warning Signs	<input type="checkbox"/> Time Limitation
	<input type="checkbox"/> Other		
<input type="checkbox"/> Barricades	<input type="checkbox"/> IH Survey	<input type="checkbox"/> Scaffolding-requires inspection	<input type="checkbox"/> Warning Alarm (i.e. "high level")
	<input type="checkbox"/> Electrical Inspection Required		
Personal Protective Equipment			
<input type="checkbox"/> None	<input type="checkbox"/> Ear Plugs	<input type="checkbox"/> Gloves	<input type="checkbox"/> Lab Coat
	<input type="checkbox"/> Safety Glasses		
<input type="checkbox"/> Coveralls	<input type="checkbox"/> Ear Muffs	<input type="checkbox"/> Goggles	<input type="checkbox"/> Respirator*
	<input type="checkbox"/> Safety Harness		
<input type="checkbox"/> Disposable Clothing	<input type="checkbox"/> Face Shield	<input type="checkbox"/> Hard Hat	<input type="checkbox"/> Shoe Covers
	<input checked="" type="checkbox"/> Safety Shoes	<input type="checkbox"/> High visibility cloths/vest	<input type="checkbox"/> Other
Permits Required (Permits must be valid when job is scheduled.)			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Cutting/Welding	<input type="checkbox"/> Impair Fire Protection Systems	
<input type="checkbox"/> Concrete/Masonry Penetration	<input type="checkbox"/> Digging/Core Drilling	<input type="checkbox"/> Rad Work Permit-RWP No	
<input type="checkbox"/> Confined Space Entry	<input type="checkbox"/> Electrical Working Hot	<input type="checkbox"/> Other	
Dosimetry/Monitoring			
<input checked="" type="checkbox"/> None	<input type="checkbox"/> Heat Stress Monitor	<input type="checkbox"/> Real Time Monitor	<input type="checkbox"/> TLD
<input type="checkbox"/> Air Effluent	<input type="checkbox"/> Noise Survey/Dosimeter	<input type="checkbox"/> Self-reading Pencil Dosimeter	<input type="checkbox"/> Waste Characterization
<input type="checkbox"/> Ground Water	<input type="checkbox"/> O ₂ /Combustible Gas	<input type="checkbox"/> Self-reading Digital Dosimeter	<input type="checkbox"/> Other
<input type="checkbox"/> Liquid Effluent	<input type="checkbox"/> Passive Vapor Monitor	<input type="checkbox"/> Sorbent Tube/Filter Pump	
Training Requirements (List specific training requirements)			
PHENIX Awareness, LockOut/YagOut affected, RHIC Access			
Based on analysis above, the Review Team determines the risk, complexity, and coordination ratings below:		If using the permit when all hazard ratings are low, only the following need to sign: (Although allowed, there is no need to use back of form)	
ESS&H Risk Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	WCC:	Date:
Complexity Level:	<input checked="" type="checkbox"/> Low <input type="checkbox"/> Moderate <input type="checkbox"/> High	Service Provider:	Date:
Work Coordination:	<input type="checkbox"/> Low <input checked="" type="checkbox"/> Moderate <input type="checkbox"/> High	Authorization to start	Date:
(Department/Division, or their equivalent, Sup/WCC/Designee)			

3. Both work requester and service provider contribute to work plan (use attachments for detailed plans)

Work Plan (procedures, timing, equipment, scheduling, coordination, notifications, and personnel availability need to be addressed in adequate detail):
See Attached

Special Working Conditions Required (e.g., Industrial Hygiene hold points or other monitoring)
No

Notifications to operations and Operational Limits Requirements: No

Post Work Testing, Notification or Documentation Required: No

Job Safety Analysis Required: ☐ Yes ☒ No

Review Done: ☐ in series ☐ team

Reviewed by: * Primary Reviewer signature means that the Review Team members were appropriate for the work that was planned, the Team visited the job site, hazards and risks that could impact ESS&H have been considered and controls established according to BNL requirements. In addition, this signature indicates that applicable JRAs, FRAs, as well as other planning documents have been reviewed and training requirements have been identified and recorded on this permit.

Title	Name (print)	Signature	Life #	Date
ES&H Professional				
F&O Facility Project Manager				
Service Provider				
Work Control Coordinator	Don Lynch		20146	
Safety Health Representative				
Research Space Manager				
Other				
Other				
Required Walkdown Completed				
*Primary Reviewer				

4. Job site personnel (Supervisor and workers) fill out this section.

Note: Signature indicates personnel performing work have read and understand the hazards and permit requirements (including any attachments) and all training required for this permit is current/complete. Job Supervisor/Contractor Supervisor signatures also includes verification that worker training required for this permit is current/complete.

Job Supervisor:		Contractor Supervisor:	
Workers:	Life#:	Workers :	Life#:

Workers are encouraged to provide feedback on ESS&H concerns or on ideas for improved job work flow. Use feedback form or space below.

5. Department/Division, or their equivalent, Line Manager or Designee

Conditions are appropriate to start work: (Permit has been reviewed, work controls are in place and site is ready for job.)

Name:	Signature:	Life#:	Date:
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6. Worker provides feedback.

Worker Feedback (use attached sheets as necessary)

a) WCM/WCC: Are there any changes as a result of worker feedback? ☐ Yes ☐ No

Note: See Work Planning and Control for Experiments and Operations Subject Area section 2.6.

7. Post Job Review/Closeout: Work Control Coordinator (authorizing dept.) checks quality of completed permit and ensures the work site is left in an acceptable condition. (WCC can delegate clean up of job site to work supervisor.) The WCC ensures that the change process to update drawings, placards, postings, procedures, etc., is initiated, if necessary.

Name:	Signature:	Life#:	Date:
Comments:			

DC W repairs in the PHENIX Experimental Hall (bldg. 1008).

Problem

Recently electronics faults on the DC West detector have been detected and require troubleshooting and repairs of the DC West detector internal wires. The techniques to affect these repairs have been well established by the DC group experts and are handled as worker-planned work within the guidelines of the PHENIX Awareness training.

Access to the wires, some of which are high on the DC chambers requires use of the CM lift table.

The procedure by which this repair will be accomplished is provided below.

Work Plan

This work is to be done by fully trained and experienced personnel (PHENIX mechanical and electrical technicians and DC expert scientists) during a run 12 maintenance access period and is expected to require 3-6 hours.

Prior to Troubleshooting and Repair

1. At least 48 hours prior to the commencement of troubleshooting the DC detector for broken internal wires, the flow of flammable gas mixture shall be turned off and the detector shall be continuously purged with clean dry nitrogen.
2. After the 48 hour (minimum) purge has been completed, nitrogen flow shall be ceased.

Troubleshooting and Repair

3. DC experts will access the approximate area where the broken wire(s) are known to be using the Central Magnet (CM) hydraulic lift.

DC experts shall slice the face of the DC detector with a razor knife in an L shape to create an appropriate sized flap which can be folded back to see inside the DC detector cavity.

4. DC experts shall next peer into the DC cavity through the opening created in the previous step and located the coiled broken wire.

5. Once the broken wire is located it shall be carefully uncoiled from any intact wires it has become wrapped around and pulled out through the opening and clipped at its end mounting point.
6. Steps 3-5 shall be repeated as necessary until all broken wires have been removed entirely from the cavity and clipped at each end mounting point.
7. After all wires have been removed as described, the slit flaps shall be unfolded and resealed with transparent mylar tape and appropriate adhesive.
8. After the adhesive has dried, nitrogen flow shall be re-instated and pressure brought to operating parameters.
9. At this point the detector shall be fully tested for leaks, and, if necessary, tape and adhesive shall be adjusted/augmented until the leak has been sealed to acceptable levels (per PHENIX DC/PC Gas System Operating Procedure PP-2.5.2.04-04 rev A.
10. Only after leak levels are acceptable shall flammable gas mixture be re-introduced.
11. Once flammable gas has been re-started , check again with high sensitivity gas detection equipment to verify that leak rates are within allowable range.

12. Post repairs work closeout

After all repairs and tests are completed, The DC west shall be restored to its normal operating position (if necessary) on the DC support rails.

Any lessons learned, problems encountered and their solutions should be recorded in the appropriate section of the work permit to which this procedure is attached.